

FEC FORM 2
STATEMENT OF CANDIDACY

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2016 OCT -7 AM 11:48

1. (a) Name of Candidate (in full) <u>Omba Joel Kipuke</u>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>5421 El Camino Ave #12</u>		
(c) City, State, and ZIP Code <u>Carmichael CA 95608</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>U.S. House of Representative</u>	6. State & District of Candidate <u>CA District 6</u>

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Kipuke For Congress</u>
(b) Address (number and street) <u>P.O. Box 2771</u>
(c) City, State, and ZIP Code <u>Carmichael CA 95609</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <u>10/5/16</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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EP13F July 2013



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PAYMENT BY ACCOUNT (if applicable)

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Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- * Refer to USPS.com® or local Post Office® for availability.

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
95600	10-7-16	\$ 229	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
10-5-16	<input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$	\$
Time Accepted	<input checked="" type="checkbox"/> NOON <input type="checkbox"/> 4:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
10:30 AM	\$	\$	\$
Weight	Flat Rate	Sunday/Holiday Premium Fee	Total Postage & Fees
4 lbs.	\$	\$	\$ 229
ozs.		Acceptance/Employee Initials	
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YYYY)	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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☐ Other (Specify): Date of Receipt or Postmarked

Res S
 PREPARER
 (3/2015)

10-07-2016
 DATE PREPARED

NOV 10 10 07 AM 2016